FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DC	20549
wasnington,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response	: 0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Lang James Paul						2. Issuer Name and Ticker or Trading Symbol OptimizeRx Corp [ OPRX ]										ship of Reporting Pe applicable) rector		erson(s) to Issuer		
(Last)	(Fi	rst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/30/2023									Officer below)			Other (s below)	specify	
C/O OPTIMIZERX CORPORATION					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
400 WATER STREET, SUITE 200					ac (a. ac)									Line)						
																X Form filed by One Reporting Person				
(Street)														Form f		re thar	n One Repo	rting		
ROCHES	STER M	I 4	48307		<u> </u>															
					⊦ Rι	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)		-	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to												ed to		
												10b5-1(c).				on or written	i piair t	nat io interior		
		Tahl	e I - Non	-Dariv	ativo	Sac	uritic		auirad	Die	nosod (	of or Bo	nofic	ially	Owner	٠				
			e i - Noi			_			<del>'</del>	ופוט								1.		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			Code (Instr. 5)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o	Pric	е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 03/30/2						3			M		657	Α	\$(	<b>)</b> (1)	40,060			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of		6. Date Exercisable a Expiration Date (Month/Day/Year)			and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S (I	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)		Date Exercisab		xpiration ate	Title	Amour or Number of Shares	er						
Restricted Stock Units	(1)	03/30/2023			М			657	(2)		(2)	Common Stock	657		\$0	657		D		

## **Explanation of Responses:**

- 1. Restricted stock units convert into common stock on a one-for-one basis.
- 2. On March 30, 2022 the reporting person was granted 657 restricted stock units which vested in full on March 30, 2023.

## Remarks:

The filing of this Statement shall not be construed as an admission (a) that the person filing this Statement is, for the purposes of Section 16 of the Securities Exchange Act of 1934, as amended, the beneficial owner of any equity securities covered by this Statement, or (b) that this Statement is legally required to be filed by such person.

> /s/ Marion Odence-Ford, by 04/03/2023 Power of Attorney

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.